SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-043423
STATE FILE NUMBER

AMENDED

Registration District No. 379 Primary Registration District No. 6287 Registrar's No. 58

FILED DEC 11 1961

1. PLACE OF DEATH
a. COUNTY: WRight
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Pleasant Valley
Length of stay in 1b: Lifetime
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Purkey Farm Rura Mansfield
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: WRight
c. CITY OR TOWN: MANSfield
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): —
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Claude Middle JACKSON Last Smith
4. DATE OF DEATH: Month Dec. Day 6 Year 1961
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: July 6 1891
9. AGE (last birthday): 70
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): MANSfield Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: LON T. SMith
13b. MOTHER'S MAIDEN NAME: JENNie IVY
14. NAME OF HUSBAND OR WIFE: Aloth
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT: Aloth Smith Address: MANSfield Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from —, to — and last saw her/him alive on —
Death occurred at 8:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title): MD Coroner
22b. ADDRESS: Mtn Grove Mo
22c. DATE SIGNED: 12-6-61
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: Dec. 8, 1961
23c. NAME OF CEMETERY OR CREMATORY: Ashley
23d. LOCATION (City, town, or county) (State): WRight County Mo.
24. FUNERAL DIRECTOR: Max E Miller ADDRESS: Mansfield Mo.
25. DATE RECD. BY LOCAL REG.: 12-7-61
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Max L Miller

Licensed Embalmer No. 4720

P. O. Address Mansfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.